CITATION NUMBER:	15-1284-0008849-S	Date: Time:	
	UND IN VIOLATION OF APPLICABLE IS AND REGULATIONS OR APPLICABLE AND REGULATIONS	Type of Visit : Incident/Complaint No.(s) : CA002	77548
Licensee Name:	State of CA Dept of Developmental Servic	es	
Address:	1600 9TH STREET, RM 340 SACRAM	MENTO, CA 95814	
License Number:	150000089 Type of Owners	hip: State Agency	
Facility Name: Address: Telephone: Facility Type: Facility ID:	SONOMA DEVELOPMENTAL CENTER D/P ICFDD 15000 Arnold Drive Glen Ellen, CA 95442 Intermediate Care Facility/Developmentally Disabled Capacity: 753 150000230		
SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS	PENALTY ASSESSMENT \$10,000.00	DEADLINE FOR COMPLIANCE
76525(a)(20)	CLASS A CITATION PATIENT CARE		
	T22 DIV5 ART4-76525 (a) (20) CLIENTS' RIGHTS		
	 (a) Each client has the rights listed in (a) of this section which shall not be denied or withheld except as provided in (c) of this section. Each facility shall establish and implement written policies and procedures to ensure that each client admitted is afforded the following rights: (20) To be free from harm, including unnecessary physical restraint or isolation, excessive medication, abuse or neglect. The facility failed to comply with the above regulation when it failed to ensure protection of clients 		
Name of Evaluator:		Without admitting guilt, I hereby acknowledge	_
Linda Lucey		receipt of this SECTION 1424 NOTICI	Ξ
HFEN		Signature :	
		Name :	
Evaluator Signature :		Title :	

Department of Public Health

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State of California - Health and Human Services Agency

SECTION 1424 NOTICE

SECTION 1424 NOTICE

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CITATION NUMBER:	15-1284-0008849-S
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Date: Time: _____

SECTIONS CLASS AND NATURE OF VIOLATIONS VIOLATED On 9/23/11, a review of the facility document entitled, "Supervision of Clients" dated February 2011 indicated, "Close Supervision: Staff must be in the immediate area, hear the client at all times, and must make visual contact at least every 5 minutes."

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFTEY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

Department of Public Health

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CITATION NUMBER: 15-1284-0008849-S

Date: Time: _____

SECTIONS CLASS AND NATURE OF VIOLATIONS VIOLATED

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFTEY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

SECTION 1424 NOTICE

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CITATION NUMBER: 15-1284-0008849-S

Date: Time: _____

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	These failures presented either imminent danger that death or serious harm would result
	or a substantial probability that death or serious physical harm would result.

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